

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	NUR		09-02-01
O.I.P.E. CLASSIFIER		48	9/12/01
FORMALITY REVIEW	A.T	1071	10/05/01
RESPONSE FORMALITY REVIEW	A.T	1071	12/19/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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JE-859  
 10/05  
 523  
 12/20/01